



Application for Credit Account

Biffa Waste Services Ltd.
Head Office
Coronation Road, Cressex
High Wycombe, Bucks HP12 3TZ

Please tick if your application is for landfill tipping

Section 1 or 2 to be completed as appropriate. Sections 3, 4, 5 and 6 in all cases. Please use BLOCK CAPITALS

1. LIMITED COMPANY

Full Name: _____ Company Reg No: _____

Trading Address: _____ Invoice Address: _____

_____ Post Code: _____ Post Code: _____

Tel No: _____ Fax No: _____ Tel No: _____ Fax No: _____

Email: _____ Email: _____

Ultimate Holding Company (if applicable): _____ Address from where payments will be made: _____

_____ Post Code: _____ Post Code: _____

Company Reg No: _____ Tel No: _____ Fax No: _____

O/No to be quoted: YES/NO _____ Contact Name: _____

2. NON LIMITED COMPANY

Full Trading Name: _____

Full name and private address of proprietor _____ Previous address if occupied for less than 3 years: _____

Mr/Mrs/Miss _____

_____ Post Code: _____ Post Code: _____

Date of Birth _____ (Please note this is a requirement under the Data Protection Act 1998 to ensure any searches are undertaken against the correct person).

Tel. No: _____ Tel. No: _____

Trading Address: _____ Invoice Address: _____

Post Code: _____ Tel. No: _____ Fax. No: _____ Post Code: _____

Email: _____ Email: _____

O/No to be quoted: YES/NO _____ Contact Name: _____ Tel. No: _____



3. TRADE REFERENCES

Name: _____

Address: _____

_____ Post Code: _____

Telephone No: _____ Fax No: _____

Name: _____

Address: _____

_____ Post Code: _____

Telephone No: _____ Fax No: _____

4. BANK DETAILS & AUTHORISED CONSENT (This is not a Direct Debit mandate)

Bankers: _____

Address: _____

_____ Post Code: _____

Sort Code: _____ Account No: _____

I authorise the above Bank to provide a Banker's Opinion. (N.B. This must be a signatory on the above account.)

Signature: _____ Date: _____

Full Name: _____

Monthly credit limit applied for (Please tick as appropriate)

 Up to £500 Up to £1000 Up to £2000 Up to £5000 Other please specify _____

6. We may make a search with a credit reference agency, which will record and share that information with other businesses. We will also monitor and record information relating to your trade performance and such records will be made available to credit reference agencies who will share that information with other businesses in assessing applications for credit and fraud prevention. We may also make enquiries about the principal directors with a credit reference agency. This information may also be made available to other organisations to assess applications for credit.

I accept the above and agree that if a credit account is opened, payments will be made in accordance with your Standard Terms of Trading i.e 30 days from date of invoice.

Signature: _____ Date: _____

Print Name: _____ Position: _____

INTERNAL USE ONLYTo be completed by the Sales Representative
BEFORE sending to Database Control:

To be completed by Database Control:

SIC Code:
(E.g. 55.10/03 Hotels and Motels without Restaurants)

Date Received:

Servicing Location:.....

CR Refs Sent:.....

Division:.....
(Collection, Special Waste, RR & Landfill)

CR Refs Received:.....

Service Type (E.g. TW, FEL, REL or other):.....

Credit Limit Approved:.....

Date Posted to Database Control:.....

Account Number:

Sales Representative:.....

Account Number Advised to: